

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90014 014 ***150.00

DOCUMENT # **P96000075788**

1. Corporation Name

EL GALLEGO MAR Y TIERRA, INC.



Principal Place of Business Mailing Address
8401 NW SOUTH RIVER DRIVE **8401 NW SOUTH RIVER DRIVE**
MEDLEY FL 33166 **MIAMI FL 33166**
US

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|--|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/11/1996 | |
| 21 | | 26 | | 4. FEI Number 65-0692216 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23 | | 28 | | | |
| Zip | Country | Zip | Country | | |
| 24 | | 29 | | | |
| | 25 | | 30 | | |

9. Name and Address of Current Registered Agent

CASTRO, JUANA I
8401 NW S RIVER DR
MIAMI FL 33166

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| FL | 85 Zip Code |

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

| | | | | | | | |
|---|---|---|--|--|--|------|--|
| SIGNATURE | | Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| 12. OFFICERS AND DIRECTORS | | | | | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | | | | |
| NAME | CASTRO, JUANA I | | | | | | |
| STREET ADDRESS | 8401 NW SOUTH RIVER DRIVE | | | | | | |
| CITY-ST-ZIP | MIAMI FL 33166 | | | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | | | |
| NAME | | | | | | | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | | | |
| NAME | | | | | | | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | | | |
| NAME | | | | | | | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | | | |
| NAME | | | | | | | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | | | |
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | |
| 1.2 NAME | | | | | | | |
| 1.3 STREET ADDRESS | | | | | | | |
| 1.4 CITY-ST-ZIP | | | | | | | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | |
| 2.2 NAME | | | | | | | |
| 2.3 STREET ADDRESS | | | | | | | |
| 2.4 CITY-ST-ZIP | | | | | | | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | |
| 3.2 NAME | | | | | | | |
| 3.3 STREET ADDRESS | | | | | | | |
| 3.4 CITY-ST-ZIP | | | | | | | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | |
| 4.2 NAME | | | | | | | |
| 4.3 STREET ADDRESS | | | | | | | |
| 4.4 CITY-ST-ZIP | | | | | | | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | |
| 5.2 NAME | | | | | | | |
| 5.3 STREET ADDRESS | | | | | | | |
| 5.4 CITY-ST-ZIP | | | | | | | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | |
| 6.2 NAME | | | | | | | |
| 6.3 STREET ADDRESS | | | | | | | |
| 6.4 CITY-ST-ZIP | | | | | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

*El Gallego Mar Y Tierra
Castro, Juana I
8401 South River Drive
Miami, FL 33166*

P96000075788;
583328-90014-14

Florida Department Of State
Division Of Corporations
Annual Reports Filings
PO BOX 1500
Tallahassee, FL 32302-1500

Dear official:

The following is to explain the tardiness of payment on the filing of this year's report for renewal of the corporation. I would like to offer an apology for not sending in the payment earlier, but it was due to the fact that I never received the first notice of payment. Consequently, by receiving the reminder of the second notice, payment is being sent. You can go over my records and see that payment is sent without delay every year. Once more I apologize for my tardiness. Thank you.

Sincerely,

Juana I. Castro

A handwritten signature in black ink, appearing to be 'Juana I. Castro', written over a horizontal line.